

**CITY OF RENSSELAER CIVIL SERVICE COMMISSION
62 WASHINGTON STREET
RENSSELAER, NY 12144**

PHONE: 462-0491 FAX: 462-9718
REGULAR HOURS MONDAY THROUGH FRIDAY 8:30AM - 4:30 PM

CROSS-FILE APPLICATION

Instructions:

1. Only candidates who have files employment applications for examinations in different civil service agencies (agencies in addition to the City of Rensselaer) scheduled for the same examination date must complete and return this form. *This form should not be used if the candidate is taking multiple examinations administered by the City of Rensselaer Civil Service Commission.*
2. A separate employment application must be completed for each examination, along with the appropriate filing fee, even is the examination is for the same position in multiple civil service agencies (for example, Police Officer). The applications should be filed individually with each civil service agency where the examination is posted. Each application must include the examination number assigned by the civil service agency.
3. The Cross-File Application must be returned to the City of Rensselaer Civil Service Commission no later then the date due for the exam application.

Name (Last, First, I)	SSN

Examination Date: _____

List all examinations including those with the City of Rensselaer Civil Service Commission:

Examination Name	Exam #	Civil Service Agency
		City of Rensselaer CS Comm.

Please list the civil service agency where you would like to take the above examinations:
_____ (If taking a NYS exam, your must take **all** exams at the State site.)

It is the candidate's responsibility to make examination preparations with each civil service agency to which they have applied for examinations scheduled on the same date. Candidates taking multiple examinations on the same day must bring the admissions for each civil service agency to the examination site on the date of the examination. It is the candidate's responsibility to insure that all the examination numbers are on their answer sheet.

Applicant Signature

Date

Mail application to the above address or fax it 462-9718

Application Fee Waiver Request and Certification Form

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

I request that my application fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Examination Title(s)	Exam No(s).	Examination Test Date

Check the box(es) below that apply to you:

☐ I am currently unemployed **and** I am primarily responsible for support of a household
NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.

☐ I am currently:

☐ Eligible for Medicaid

☐ Receiving Supplemental Security Income (SSI) payments

☐ Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance): _____

Enter Public Assistance Case Number

☐ Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

*****Affirmation*****

I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

Candidate's First and Last Name (Please Print)

Candidate's Social Security Number

Candidate's Signature

Date

Leave this space blank

Date Received

Fee Received

\$

By

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Insert above, Title or Position Applying For

Leave this space blank

Number

APPLICATION

Approved By

Disapproved By

This application is part of your examination. Answer all questions fully and carefully in ink or a typewriter. Some questions can be answered with an "I" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information

1. FULL NAME

☐ Mrs.☐ Mr.☐ Miss

Last Name

First Name

Initial

Street Address, or RD.

Post Office

State

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION.

2. Phone No.

3. Date of Birth

4. Height

5. Weight

Mo. Day Yr.

Feet Inches

Pounds

6. RESIDENCE

Fill in the names of the city or village and town school district county and state in which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediate preceding the date of this application.

	NAME OF	YEARS	MONTHS
City or Village			
Town			
County			
State			
School District No.			

7. CITIZENSHIP

Are you a citizen of the United States?

Check one.

(A) Yes, by birth.

(A) ☐

(B) Yes, by naturalization.

(B) ☐

(C) No, not a citizen

(C) ☐

These questions are required by Civil Service Law. By agreement with Commission Against Discrimination, answers will not be revealed to appointing officers. If you are a naturalized citizen or your citizenship is based on naturalization of parent or husband, submit truth to this commission in person, or send proof by registered mail. Your documents will be returned by registered mail.

8. Have you any objections to this Commission making inquiry regarding your character and qualifications from

(A) Your former employer

(A) ☐ Yes ☐ No

(B) Your present employer

(B) ☐ Yes ☐ No

If answer is "yes" to either (a) or (b) explain

9. Except for minor traffic violations, were you

(A) Ever arrested for any violation of law.

(A) ☐ Yes ☐ No

(B) Ever indicted for any violation of law, or have you ever been a defendant in a criminal proceeding?

(B) ☐ Yes ☐ No

(C) Ever convicted of a violation of law?

(C) ☐ Yes ☐ No

If your answer is "yes" to any of the above questions, give particulars and disposition of each charge and attach to this form.

10. Have you ever advised or taught or were you ever a member of

any society or group of persons which taught or advocated the doctrine that the government of the United States or of any political subdivision thereof should be overthrown or overturned by force, violence or any unlawful means?

☐ Yes ☐ No

11. SERVICE IN ARMED FORCES

(A) Have you ever served in the armed forces of the U.S.?

(A) ☐ Yes ☐ No

(B) If "Yes", have you ever received a discharge from such forces which was other than honorable.

(B) ☐ Yes ☐ No

If answer is "Yes", give full particulars on additional sheet.

(C) Date of entry into active service

Month Day Year

(C)

(D) Date of discharge

(D)

(E) Service serial number

(E)

12. VETERANS CREDIT

Do you claim additional credits as an honorably discharged war veteran.

Check one.

(A) Yes, as a disabled war veteran

(A) ☐

(B) Yes, as a non-disabled war veteran

(B) ☐

(C) No, credits previously used

(C) ☐

(D) No, not a war veteran

(D) ☐

13. Were you ever dismissed from any public employment for disciplinary reasons?

☐ Yes ☐ No

If answer is "Yes" describe accurately on additional sheet.

14. Have you any physical defect or disease or disability or a war incurred disability whatsoever?

☐ Yes ☐ No

If answer is "Yes" describe accurately on additional sheet.

15. Have you ever had epilepsy or any nervous ailment or been a patient in an institution for the treatment for such ailment?

☐ Yes ☐ No

16. Have you a license, certificate, or any other authorization to practice a trade or profession?

☐ Yes ☐ No

Name of trade or profession

Granted by (Licensing Agent)

City or State of

Licensed: From To

17. Have you ever taken any examination given by this commission? If "Yes" give titles and dates.

☐ Yes ☐ No

Titles of Examinations

Dates

DECLARATION

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in the accompanying papers) have been examined by me and to the best of my knowledge and belief are true and accurate.

Date

Signature of applicant

State maiden name or any other name by which you have been known.

MAIL OR DELIVER TO:

*The New York State Law against Discrimination prohibits discrimination because of age.

18. EDUCATION: (If more space is required for full explanation, attach additional sheets above this line.)													
Type of School	Name of School and Location	Date of Attendance (Month and Year)		No. of Years completed	Were You Graduated	Circle highest school year completed in Grammar, Junior High, or High School							
		From	To			Day or Night	Full or Part Time	Type of Course or Major Subject	1	2	3	4	5
Grammar													
Junior High													
High School													
College, University Professional or Technical School													
Other Schools or Special Courses													

19. College Transcripts (Omit if not applicable) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> (a) Is transcript submitted herewith (b) Is college to forward transcript? </div> <div style="text-align: center;"> <div>Yes No</div> <div>(a) <input type="checkbox"/> <input type="checkbox"/></div> <div>Yes No</div> <div>(b) <input type="checkbox"/> <input type="checkbox"/></div> </div> </div>	20. If a motor vehicle license is required for the position in which you are applying, give the following: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>Chauffeur <input type="checkbox"/></div> <div>Operator <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Number _____</div> <div>Date of expiration _____</div> </div>
--	---

21. EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. Begin with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment	Firm Name	Address	City and State
From: Mo. Yr.			
Length of Employment	Type of Business	Your Title	Name and Title of Immediate Supervisor
From: Mo. Yr.			
Length of Employment	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of supervision.		
Total: Yrs. Mos.			
Monthly Salary			
Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			
Length of Employment	Firm Name	Address	City and State
From: Mo. Yr.			
Length of Employment	Type of Business	Your Title	
From: Mo. Yr.			
Length of Employment	DUTIES: See directions above.		
Total: Yrs. Mos.			
Monthly Salary			
Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			
Length of Employment	Firm Name	Address	City and State
From: Mo. Yr.			
Length of Employment	Type of Business	Your Title	
From: Mo. Yr.			
Length of Employment	DUTIES: See directions above.		
Total: Yrs. Mos.			
Monthly Salary			
Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.